

STATE OF TENNESSEE
Office of Vital RecordsTENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT		1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) Gerald Lewis Collis				2. SEX Male	3. DATE OF DEATH (Month, Day, Year) July 12, 2017
TYPE/PRINT IN PERMANENT BLACK INK		4. TIME OF DEATH (Approx.) 9:50 AM	5a. AGE-Last Birthday (Years) 74	5b. UNDER 1 YEAR Months 0	5c. UNDER 1 DAY Hours 0	5d. MINUTES Minutes 0	6. DATE OF BIRTH (Month, Day, Year) 1942
NAME OF DECEDEENT (For use by Physician or Institution)		8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other residence <input type="checkbox"/> Other (Specify) _____				7. BIRTHPLACE (City and State or Foreign Country) Columbus, Indiana	
PARENTS		8b. FACILITY NAME (Last institution, physician and number)		8c. CITY OR TOWN Maryville		8d. COUNTY OF DEATH Blount	
DISPOSITION		9. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE (If wife, give name prior to first marriage) Susan Elizabeth Rohr		11a. DECEDENT'S USUAL OCCUPATION Coordinator	
REGISTRAR		12. SOCIAL SECURITY NUMBER 0713		13a. RESIDENCE-STATE OR FOREIGN COUNTRY Tennessee		13b. COUNTY Blount	
CERTIFIER		13c. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13d. ZIP CODE 37803		14. WAS DECEDENT EVER IN US ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
MEDICAL CERTIFICATION PHYSICIAN OR MEDICAL EXAMINER ENTERING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS		15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input checked="" type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MED, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown				16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____ <input type="checkbox"/> Unknown	
26. CERTIFIER (Check only one): <input checked="" type="checkbox"/> PHYSICIAN -To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> MEDICAL EXAMINER -On the basis of examination, and/or investigation, in my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated.		19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Not Available				20. RELATIONSHIP TO DECEDENT Wife	
27a. SIGNATURE OF CERTIFIER ► <i>Robert Caldwell, Jr.</i>		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) Tennessee Veterans Cemetery		21b. LOCATION - City or Town and State Knoxville, TN			
30. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		31. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death		25. DATE FILED (Month, Day, Year) July 26, 2017	
33. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
						34d. PLACE OF INJURY-at home, farm, street, factory, office, building, etc. (Specify) _____	
						34e. DESCRIBE HOW INJURY OCCURRED	
						34f. LOCATION OF INJURY (Street and Number, City or Town, State)	

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Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Lori B. Ferranti
Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner
John J. Dreyzehner, MD, MPH, FACP
COMMISSIONER

Date Issued
JUL 27 2017



CERTIFICATION OF VITAL RECORD

